
SOTIPS

Sex Offender Treatment Intervention and Progress Scale

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2012

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Questions about this manual may be directed to the authors. We welcome comments that will help us improve this manual and the scale.

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Overview and Administration

Introduction

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is a statistically-derived dynamic measure designed to aid clinicians, correctional caseworkers, and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult males who have been convicted of one or more qualifying sexual offenses and committed at least one of these sexual offenses after their 18th birthday.

A qualifying sexual offense is a conviction for illegal sexual behavior committed against an identifiable child or non-consenting adult victim. Qualifying sex offenses include:

- contact sexual offenses such as sexual assault, attempted sexual assault, and child molestation
- non-contact sex offenses such as exhibitionism, voyeurism, obscene telephone calling, and Internet luring

The SOTIPS is not intended for use with individuals whose only sexual offense conviction is for a non-qualifying sexual offense. A non-qualifying sex offense is a conviction for sexual behavior that was illegal but the parties were consenting or no identifiable victim was involved. Non-qualifying sexual offenses include:

- consenting sex with an adult in public places
- soliciting a prostitute
- possessing child pornography
- committing statutory rape where the age difference between the offender and the victim is typically three years or less

Ideally, as described in the “Risk and Need Categories” section of this manual and shown in Tables 2 and 3, the SOTIPS should be used in conjunction with a static risk assessment measure such as the Static-99R (Helmus, Thornton, Hanson, & Babchishin, 2011) or VASOR-2 (McGrath, Hoke, & Lasher, 2012).

The scale consists of 16 dynamic risk factors empirically linked to sexual offending. Each risk factor is potentially amenable to change and, therefore, is commonly a target for treatment and supervision intervention with sex offenders. Evaluators score each individual on every item on the scale using the scoring criteria and score sheet contained in this manual. The scale is designed to score individuals at intake and thereafter every six months.

SOTIPS item scores are intended to reflect an individual's relative treatment and supervision needs on each risk factor. The SOTIPS total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment.

Changes from the Last Version

This manual updates previous versions of the scale, the Sex Offender Treatment Needs and Progress Scale (SOTNPS; McGrath & Cumming, 2001, 2003, 2008). Three types of revisions have been made. First, in order to improve the predictive accuracy of the scale and make it easier to use, the number of items that compose the scale have been reduced from 22 to 16 items. Second, although no item definitions have changed, a few items have been edited to make them clearer. Third, sample interview questions have been provided for each item to assist evaluators gathering information to score the scale.

User Qualifications and Training

The SOTIPS was designed to be scored easily by clinicians, correctional caseworkers, and probation and parole officers. Before using the SOTIPS, however, it is critical that users carefully read this manual and complete training that includes scoring practice cases in order to optimize scoring accuracy and reliability. SOTIPS users should also have a basic understanding of risk factors related to sexual offense recidivism and principles of psychological assessment.

Scoring

Evaluators score the individual at intake and, thereafter, as frequently as every six months. Scores on each item should reflect the individual's level of functioning for the time period specified in this manual. Most items are scored to reflect the individual's level of functioning for the previous six months unless noted otherwise. When used in residential settings, a few items are scored to reflect the individual's level of functioning for the six months immediately prior to his placement in prison or another residential setting.

As detailed in this manual, evaluators should consider information from multiple sources when scoring an individual. These include, but are not limited to, behavioral observations, record reviews, psychological tests, information from persons familiar with the individual (e.g., treatment provider, probation or parole officer, family, case worker, and other service providers) and interviews with the individual. To increase coding accuracy and reliability, it is ideal for service providers (e.g., treatment provider and community supervision officer) to score the scale together.

Service providers in the normal course of providing treatment or supervision services to an individual generally will have enough information to score most items accurately without having to re-interview the individual. Nevertheless, "Sample Interview Questions" for each item are listed. These are simply examples of potentially relevant interview questions that evaluators can use to obtain client information not otherwise available or to corroborate information obtained from other sources. Evaluators should modify these questions as necessary in order to match them to the intellectual level, learning style, and personality characteristics of the interviewee.

Scoring criteria are based on the following scale:

- 0 = minimal or no need for improvement
- 1 = some need for improvement
- 2 = considerable need for improvement
- 3 = very considerable need for improvement

Sometimes an evaluator will have trouble deciding how to apply this rating scale to an individual on one or more of the 16 risk items. That is to say, whether to score an item "0" versus "1", "1" versus "2", or "2" versus "3". When this occurs with multiple items, the evaluator should avoid resolving all scoring uncertainties in the same direction. The evaluator should give about half of the items the higher rating and the other half the lower rating.

The total score is computed by adding the number of risk factors scored "1", plus the number of risk factors scored "2" multiplied by 2, plus the number of risk factors scored "3" multiplied by 3.

Scale Development

The original version of the scale was developed in Vermont in 2000 and was based on the results of a literature review that identified dynamic risk factors empirically or theoretically linked to sexual offending (e.g., Beech, 1997; Hanson & Bussiere, 1998; Hanson & Harris, 2000; McGrath, 1991). A panel of sex offender assessment experts helped select an initial group of scale items and began to identify coding criteria. The original authors field-tested several versions of the scale using feedback from local sex offender treatment providers. The original version of the scale was composed of 22 items and initial examinations of its psychometric properties were encouraging (McGrath, Cumming & Livingston, 2005; McGrath, Livingston, & Cumming, 2002). According to a recent national survey, approximately one-fifth (19%) of 330 community programs in the United States serving adult male sex offenders reported using the scale (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010).

The scale underwent major revisions in 2011 and was renamed the Sex Offender Treatment Intervention and Progress Scale (SOTIPS; McGrath, Lasher, & Cumming, 2011, 2012). The scale was reduced from 22 to 16 items and models for combining it with static risk measures, namely, the Static-99R or VASOR-2, were developed.

The SOTIPS development sample was 759 adult male sex offenders under correctional supervision in Vermont who were enrolled in community sex offender treatment between 2001 and 2007. Interrater reliability for the total SOTIPS score was acceptable. The single measure Interclass Correlation Coefficient was .77 and the average measure was .87. Overall, individuals' SOTIPS scores at 1, 7 and 13 months after beginning treatment showed moderate predictive accuracy for sexual, violent and any recidivism and return to prison at fixed 1- and 3-year follow-up periods. AUCs for combined SOTIPS and Static-99R scores for all recidivism events were between .67 and .89 and outperformed either instrument alone when both instruments had similar predictive power. Participants who demonstrated treatment progress, as reflected by reductions in SOTIPS scores, showed lower rates of recidivism than those who did not. Detailed examinations of the scale's psychometric properties may be found elsewhere (McGrath, Lasher, & Cumming, 2011, 2012).

Risk and Need Categories

The SOTIPS may be used alone or in combination with a static risk instrument such as the Static-99R or VASOR-2. If the SOTIPS is used alone, recommended need categories and cut-off scores are shown in Table 1.

Table 1. Labels and Scores for SOTIPS Need Categories

Need Category	Score
Low	0 to 10
Moderate	11 to 20
High	21 to 48

It is recommended, however, that evaluators use the SOTIPS in combination with a static risk instrument such as the Static-99R or VASOR-2. Table 2 shows recommended risk and need level categories for combined SOTIPS and Static-99R scores. Table 3 shows recommended risk and need level categories for combined SOTIPS and VASOR-2 scores.

Table 2. Labels for Combined SOTIPS and Static-99R Risk and Need Categories

Static-99R Risk Level and Score		SOTIPS Need Level and Score		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	(-3 to 1)	Low	Low	Moderate-low
Moderate-low	(2 to 3)	Low	Moderate-low	Moderate-high
Moderate-high	(4 to 5)	Moderate-low	Moderate-high	High
High	(6 to 12)	Moderate-high	High	High

Note. Offenders in each category: low = 45%; moderate-low = 27%; moderate-high = 19%; high = 9%

Table 3. Labels for Combined SOTIPS and VASOR-2 Risk and Need Categories

VASOR-2 Risk Level and Score		SOTIPS Need Level and Score		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	(0 to 5)	Low	Low	Moderate-low
Moderate-low	(6 to 8)	Low	Moderate-low	Moderate-high
Moderate-high	(9 to 11)	Moderate-low	Moderate-high	High
High	(12 to 22)	Moderate-high	High	High

Note. Offenders in each category: low = 52%; moderate-low = 22%; moderate-high = 16%; high = 10%

The risk and need levels shown in Tables 2 and 3 (low, moderate-low, moderate-high, and high) are relative rankings. These risk and need relative ranking levels may be useful for allocating treatment, community supervision, and other limited resources. Following the principles of effective correctional practice (Andrews & Bonta, 2010; Hanson, Bourgon, Helmus, & Hodgson, 2009), more intensive treatment and supervision services should be reserved for sex offenders at higher risk to reoffend (risk principle) and should target offenders' need areas that are causally linked to sexual offending (need principle).

The Appendix contains tables showing predicted absolute reoffense rates, but these rates are based on Vermont norms. The Vermont norms may not apply to other jurisdictions. Absolute reoffense rates for individuals scoring similarly on a risk instrument commonly vary among studies, jurisdictions, and over time. Charge and conviction rates are dependent on variables such as the characteristics of the offenders being studied and the nature of local reporting, investigation, and prosecution practices. In addition, detected rates of reoffending underestimate the true rates of reoffending but by magnitudes that are not known. Jurisdictions that gain experience using the SOTIPS are encouraged to develop their own local norms.

Relative rankings and absolute risk recidivism rates are based on group averages. Group averages may under- or over-represent the true risk of an individual sex offender depending on factors not taken into consideration by the SOTIPS and risk instruments combined with the SOTIPS.

Summary

The SOTIPS may be most productively used as a structured method of periodically examining sex offenders' risk, treatment and supervision needs, and progress against a relatively comprehensive list of empirically derived risk factors thought to be closely linked to sexual offending. Because the scale does not address all of the factors linked to sexually abusive behavior, other relevant tools and professional judgment should be used in the treatment planning and supervision process.

Item Descriptions and Scoring Criteria

1. Sexual Offense Responsibility

The "Sexual Offense Responsibility" item concerns the degree to which the individual believes that his sexual offending behavior is the result of his personal decisions and behavior as opposed to external causes. For example, the individual may blame "the system," the courts, social workers, police, teachers, friends or associates, alcohol, drugs, pornography, a spouse or partner, or the victim.

The individual does not need to admit to all of the sexual offending behaviors for which he was convicted in order to score well on this item. Rather, he needs to identify a high level of personal responsibility, as opposed to focusing on causes he believes are outside of his control, in order to score well on this item.

Examples of attitudes or thoughts that indicate minimization of responsibility include:

- It is her fault. She lied about her age.
- It only happened because I was drinking.
- We had sex but it was consensual.
- He lied about what happened because he was mad at me.

Sample Interview Questions

- Who or what do you think is to blame for what happened? Why do you say that?
- Why do you think you did this?
- Do you think your punishment was fair? Why do you say that?

Rating - Evaluate individual's current level of functioning.

0	Takes full responsibility for sexual offense behavior.
1	Takes most of the responsibility for sexual offense behavior. Places some blame elsewhere.
2	Takes some of the responsibility for sexual offense behavior. Places considerable blame elsewhere.
3	Is in categorical denial, or otherwise takes no responsibility for offense behavior: <ul style="list-style-type: none"> • places total blame elsewhere, <u>or</u> • denies that interaction was sexual, <u>or</u> • denies that it was a sexual offense.

2. Sexual Behavior

The "Sexual Behavior" item concerns the degree to which the individual engages in appropriate versus offense-supportive sexual behavior, that is, sexually related behavior that is against the individual's treatment or supervision rules or that is linked with sexual offending.

Data sources include reliable collateral reports, polygraph testing, and self-report. Consider compliance with treatment and supervision. If the individual is in a residential facility, consider compliance with the facility's rules.

Appropriate sexual behavior involving:

- Age-appropriate partners
- Consenting partners
- Non-coercive sex
- Non-offense-related fetishes

Offense-supportive sexual behavior involving:

- Children
- Coercive sex
- Offense-related fetishes
- Illegal sex

Sample Interview Questions

- Compared to other men, how strong do you think your sex drive is? Why do you say that?
- How often do you think about sex during the day? Do you think that is a lot, a little, or average?
- How often do you have sex?
- How often do you masturbate?
- Has your masturbation gotten you in trouble or caused you pain? How?
- How often do you use sexual materials, such as magazines? Videos? Internet sites? Phone sex?
- How often do you go to massage parlors? How often do you use prostitutes?
- What are the times that you think about sex the most?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No problems evident. Sexual behavior is limited to legal and non-compulsive sexual activity. If behavior involves a fetish, it is not illegal, and has no known relationship to the individual's sexual offending pattern.
1	Some problems evident, but behaviors are not frequent or compulsive. This may include an episode of promiscuous behavior or limited pornography use against probation conditions, treatment requirements, or facility rules.
2	Considerable problems evident. Engaged in high frequency or compulsive sexual behavior, or offense-related fetish behavior, but no illegal sexual behavior. Compulsive sexual behaviors include masturbation that interferes with life activities or causes physical harm, frequent pornography use, and promiscuity. Additional problem behaviors include frequenting strip bars, cruising, and using phone sex lines.
3	Engaged in illegal sexual behavior. This includes child molesting, rape, exhibitionism, child pornography, and prostitution. If in a residential setting, engaged in sexual behavior that is against facility rules.

3. Sexual Attitudes

The "Sexual Attitudes" item evaluates the degree to which the individual recognizes and self-corrects his attitudes or thoughts that support or condone sexual offending. In general, an individual's score on this item should be at least as high as his score on Item #2, "Sexual Behavior." This is because it is assumed that problem sexual behavior reflects the presence of underlying problematic sexual attitudes and thinking patterns.

Data sources include observation, self-report, reliable collateral data, and psychological testing. The individual's recent sexual behavior should be used as a cue for identifying his underlying sexual attitudes.

Examples of attitudes or thoughts that support sexual offending include:

- Emphasizing sexual conquest as a source of identity
- Overvaluing sex as a way to make himself happy
- Viewing himself as sexually entitled
- Viewing others as objects for his sexual pleasure
- Believing children can make up their own minds about having sex
- Viewing sexual activity with children as not harmful
- Viewing his sexual urges as not controllable

Sample Interview Questions

- How do you know if someone wants to have sex with you?
- How do you go about getting someone to have sex with you?
- When you get turned on sexually, how difficult is it for you to slow yourself down?
- How old should a child be in order to have sex with an adult? Should children decide themselves?
- Do some people like to sexually tease you? Do any adults do this? Any children?
- Why do you think you got in trouble for what you did?
- How do you think your victim felt about what you did? Why?
- How do you handle it when you think about doing sexual things that might get you in trouble?

Rating - Evaluate individual's level of functioning for the previous six months.

In general, an individual's score on this item should be at least as high as his score on Item, #2.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes or thoughts that support sexual offending.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support sexual offending.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support sexual offending.
3	Does not recognize <u>or</u> self-correct attitudes or thoughts that support sexual offending.

4. Sexual Interests

The "Sexual Interests" item evaluates the types of partners and behavior that the individual finds sexually arousing. Scoring criteria assume that most individuals have relatively stable lifelong sexual interests.

Data sources include phallometric testing, self-report, collateral data, masturbatory fantasies, pornography interests, SSPI score (for child sexual offenders), and the individual's sexual history.

Appropriate sexual interests involve the following:

- Age-appropriate partners
- Consenting partners
- Non-coercive sex
- Non-offense related fetishes

Offense-related interests involve the following:

- Children
- Coercive sex
- Other illegal sexual activity
- Offense-related fetishes

Sample Interview Questions

- Over the past several years, when you have thought about sex (or when you masturbated) who and what did you think about? What about over the past six months?
- Over the past several years, about what percent of the time when you thought about sex (or when you masturbated) did you think about females? Males? What are their ages? What types of sexual behavior would you be thinking about? What about the past six months?
- Do you ever have sexual thoughts that upset you? What are they? How often do you have them?
- How often do you have sexual thoughts about children? What makes them sexually interesting? What about forcing someone to have sex? What about other things that could get you in trouble?
- How often do you have thoughts about having consensual sex with someone around your own age? What makes them sexually interesting?

Screening Scale for Pedophilic Interests (SSPI; Seto & Lalumiere, 2001). Use if any victims were age 13 or younger.

- | | | | |
|---|---------|--------|----------------------------|
| 1. Offender has a male victim? | Yes = 2 | No = 0 | |
| 2. Offender has more than one victim? | Yes = 1 | No = 0 | |
| 3. Offender has a victim age 11 or younger? | Yes = 1 | No = 0 | |
| 4. Offender has an unrelated victim? | Yes = 1 | No = 0 | Add items for total score. |

Rating – Evaluate the individual's sexual interests for the previous six months. The score should generally be within one point of the individual's presumed lifelong pattern of sexual interests.

0	All sexual interests in appropriate themes. (SSPI score typically = 0 or 1).
1	Most sexual interests in appropriate themes. (SSPI score typically = 1, 2 or 3).
2	Most sexual interests in offense-related themes. (SSPI score typically = 3, 4 or 5).
3	All sexual interests in offense-related themes. (SSPI score typically = 4 or 5).

5. Sexual Risk Management

The "Sexual Risk Management" item reflects the degree to which the individual identifies his sexual offending pattern and is following a realistic and effective plan to decrease his risk to sexually reoffend.

Data sources include program assignments and participation, collateral reports, polygraph results, and self-report. For individuals placed in the community, consider the individual's residence and employment as it relates to access to potential victims.

Consider the following factors:

- Management of emotional states associated with sexual offending
- Preoccupation with media focused on target age and gender, or offense related behavior
- Comments supportive of sexual offending
- Initiation or maintenance of excessive visual contact with children
- Initiation or maintenance of sexually focused visual contact with adults
- Evidence of sexual arousal (i.e., erection, touching self sexually) to inappropriate stimuli
- Initiation of contact with a child or inappropriate contact with an adult
- Responsiveness to staff supervision
- Appropriate “disclosure” of offending behavior and risk management strategies to appropriate individuals

Sample Interview Questions

- Tell me about some risk factors you have dealt with lately?
- Who have you told about your offense? What did you tell them?
- Give examples of what you have done to avoid risky people?
- Give examples of what you have done to avoid risky situations?
- Give examples of what you have done to deal with risky thoughts?
- Give examples of what you have done to deal with risky feelings?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Good understanding of sexual offense risk factors and risk management strategies <u>and</u> uses effective risk management strategies on a very consistent basis.
1	Good understanding of sexual offense risk factors and risk management strategies <u>and</u> uses effective risk management strategies on a relatively consistent basis with occasional minor lapses.
2	Partial understanding of sexual offense risk factors and risk management strategies <u>or</u> uses effective risk management strategies inconsistently with several lapses.
3	Poor understanding of sexual offending risk factors and risk management strategies <u>or</u> uses effective risk management strategies intermittently or rarely.

6. Criminal and Rule-Breaking Behavior

The "Criminal and Rule-Breaking Behavior" item concerns the degree to which an individual engages in general criminal and rule-breaking behavior. This item is **not** concerned with sexually related criminal and rule-breaking behavior.

Data sources include observation, self-report, polygraph test results, reliable collateral data (including motor vehicle infractions and other police reports), and compliance with treatment, supervision and facility rules, divorce or separation decrees, relief from abuse orders, and visitation rules.

Sample Interview Questions

- Do you think the rules where you live are fair? Why do you say that?
- What do you do when you don't like a rule?
- How well have you been following the rules where you live? Of probation/parole?
- Have you been punished for breaking any of these rules? What happened?
- Have you been in trouble with the law recently?
- Do you sometimes lie to get what you want? Explain?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No criminal or rule-breaking behavior evident.
1	Minor problems evident, such as: <ul style="list-style-type: none"> • minor motor vehicle convictions, • minor manipulative behavior, <u>and/or</u> • minor facility or program rule-breaking behavior.
2	Engaged in non-sexual behavior that could reasonably lead to a: <ul style="list-style-type: none"> • violation of probation, furlough, parole, or other community supervision status, • a misdemeanor offense conviction, • multiple minor facility rule infractions or a major facility rule infraction, <u>or</u> • major program rule-breaking behavior.
3	Engaged in serious non-sexual criminal behavior that could lead to a: <ul style="list-style-type: none"> • felony offense conviction, or • major facility rule infraction that could lead to a felony offense conviction.

7. Criminal and Rule-Breaking Attitudes

The "Criminal and Rule-Breaking Attitudes" item concerns the degree to which the individual recognizes and self-corrects his attitudes or thoughts that support or condone general criminal and rule-breaking behavior. This item is **not** concerned with sexually related criminal and rule-breaking attitudes. In general, an individual's score on this item should be at least as high as his score on Item #6, "Criminal and Rule-Breaking Behavior." This is because it is assumed that this type of behavior reflects the presence of underlying problematic criminal and rule-breaking attitudes and thinking patterns.

Data sources include observation, self-report, collateral data, and psychological testing. The individual's recent behavior should be used as a cue for identifying his underlying attitudes towards criminal and rule-breaking behaviors.

Examples of attitudes or thoughts that support criminal or rule-breaking behavior include:

- Rules (laws) are made to be broken.
- Why take a real job when I can make more money doing crime.
- Everyone does it (i.e., breaks a rule or law), so it is okay if I do it.
- I deserve to get what I want, regardless of what it costs someone else.
- Everyone should take what he or she can get in life.
- People who do not protect their property deserve to be robbed.

Sample Interview Questions

- Do you think the rules you are suppose to follow are fair (e.g., probation/parole conditions, facility rules, or treatment program rules)?
- How well do you follow these rules? Explain?
- How fair do you think your probation/parole/correctional officer is?
- How often do you lie to avoid getting caught breaking rules? Explain?

Rating - Evaluate individual's level of functioning for the previous six months.
 In general, an individual's score on this item should be at least as high as his score on Item, #6.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
3	Does not recognize <u>or</u> self-correct attitudes or thoughts that support criminal or rule-breaking behavior.

8. Stage of Change

The "Stage of Change" item involves the degree to which the individual recognizes that he has a sexual behavior problem and has made a commitment to addressing this problem. This item is adapted from the Stage of Change model developed by Prochaska and DeClemente (1992).

Data sources include program participation, collateral reports, polygraph results, observation, and self-report.

Sample Interview Questions

- How do you feel about being in treatment?
- How serious a problem do you think you have with sexual offending?
- What are your treatment goals?
- What do you want to change about yourself?
- How well do you think you are doing in treatment?
- What changes have you made recently?
- What things are difficult for you to change?

Rating - Evaluate individual's level of functioning for the previous six months.

0	<p>Maintenance stage:</p> <ul style="list-style-type: none"> • has made significant change, <u>and</u> • has a relatively complete understanding of his offending pattern, <u>and</u> • is committed to and has been successfully maintaining change in the community, typically for a period of at least 12 months.
1	<p>Action stage:</p> <ul style="list-style-type: none"> • recognizes the need to change, <u>and</u> • has made a decision to take steps to change, <u>and</u> • is actively in the process of doing things to positively modify behavior.
2	<p>Ambivalent stage:</p> <ul style="list-style-type: none"> • recognizes that a problem exists and is ambivalent about changing, <u>or</u> • is not sure about the need for treatment, <u>or</u> • is not taking significant action, <u>or</u> • is very erratic in taking steps to change.
3	<p>Pre-contemplation stage:</p> <ul style="list-style-type: none"> • does not recognize the problem, <u>or</u> • denies the problem, <u>or</u> • has no intention to change.

9. Cooperation with Treatment

The "Cooperation with Treatment" item concerns the degree to which the individual cooperates with treatment expectations and is engaged in the treatment process.

Data sources include behavioral observation and collateral reports.

Consider the following factors:

- Attendance, attentiveness, and participation in treatment sessions
- Completion of homework assignments
- Payment of treatment fees
- Degree of engagement and honesty in treatment

Sample Interview Questions

- How do you think you are doing in treatment?
- What do you like about your treatment?
- What do you dislike about your treatment?
- How cooperative are you in the treatment?
- Have you had any problems with attendance? Participation? Doing homework? Being honest?

Rating - If initial evaluation, evaluate individual's level of cooperation during evaluation process.
If follow-up evaluation, evaluate individual's level of functioning for the previous six months.

0	No problems. Cooperative with treatment expectations.
1	Some problems: <ul style="list-style-type: none"> • occasional lateness, • occasional failure to complete homework assignments on time, • occasional poor participation or engagement in treatment sessions, or • occasional dishonesty.
2	Considerable problems: <ul style="list-style-type: none"> • frequent lateness, • frequent failure to complete homework assignments on time, • frequent poor participation or engagement in treatment sessions, or • frequent dishonesty.
3	Severe problems: <ul style="list-style-type: none"> • individual has been given a written warning for problem behavior, <u>or</u> • individual has been terminated from treatment.

10. Cooperation with Community Supervision

The "Cooperation with Supervision" item involves the degree to which the individual cooperates with his community supervision conditions.

Data sources include individual self-report, collateral reports, and consultation with supervision staff.

Consider the following factors:

- Compliance with supervision conditions
- Attendance at supervision meetings; frequency of cancelled or changed appointments
- Payment of supervision fees and fines
- Degree of engagement and honesty in interactions with supervision staff

Sample Interview Questions

- How do you feel about your sex offender supervision?
- What do you like about it? What do you dislike about it?
- How cooperative (were you) are you following your supervision rules?
- Have you had any problems with attendance? Participation? Being honest?
- Have you had any violations/punishments recently?
- Do you keep secrets to avoid getting in trouble? Tell me about them?

Rating - If initial evaluation, evaluate individual's level of cooperation with expectations of the court, probation, and other governmental agencies for the previous six months.

If follow-up evaluation, evaluate individual's level of functioning for the previous six months using the criteria listed below.

If individual is in a residential setting, evaluate individual's level of functioning for the six months prior to his residential placement. This score will remain unchanged during the individual's placement in the residential setting.

0	No problems. Follows release or supervision conditions.
1	Some problems: <ul style="list-style-type: none"> • occasional cancelled or missed appointments, • occasional resistance to talking about risk factors, • occasional dishonesty, <u>or</u> • other minor supervision compliance problems
2	Considerable problems: <ul style="list-style-type: none"> • supervising officer has increased level of supervision or reporting requirements due to individual's problem behaviors.
3	Severe problems: <ul style="list-style-type: none"> • supervising officer has filed a violation of probation, parole or other community release, <u>or</u> • supervising officer has taken other legal disciplinary action.

11. Emotion Management

The "Emotion Management" item concerns the degree to which the individual manages relatively “acute” negative emotional states.

Data sources include observation, collateral reports, and self-report.

Negative emotional states are:

- Depression
- Loneliness
- Anxiety
- Anger or hostility
- Jealously

Sample Interview Questions

- Have there been times when you have felt overwhelmed by your emotions?
- Have you felt upset about anything or anyone lately? How have you handled it?
- Jealous? How have you handled it?
- Lonely? How have you handled it?
- Depressed? How have you handled it?
- Angry? How have you handled it?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No emotion management problems.
1	Minor emotional management problems. They are: <ul style="list-style-type: none"> • relatively infrequent, <u>and</u> • managed relatively effectively.
2	Moderate emotional management problems. They are: <ul style="list-style-type: none"> • relatively frequent, <u>and</u> • managed relatively ineffectively.
3	Serious emotional management problems. They are: <ul style="list-style-type: none"> • relatively frequent and intense, <u>and</u> • managed very ineffectively.

12. Problem Solving

The "Problem Solving" item concerns the degree to which the individual is able to identify and solve life problems.

Examples of life problems include: finding housing, occupying time, finding a job, maintaining family ties, establishing new relationships, responding to family emergencies or illnesses, establishing community supports, responding to roommate, neighborhood or co-worker concerns, and dealing with feelings about supervision or facility rules.

Data sources include behavioral observation, self-report, and collateral reports.

Consider the following aspects of problem solving:

- Sets realistic goals
- Recognizes and explains problems
- Generates reasonable solutions
- Weighs the pros and cons of possible solutions
- Carries out plans of action
- Recognizes and asks for help when needed

Sample Interview Questions

- What are the big problems in your life now? How are you handling them?
- What do you do when you have a problem that is difficult to solve? Give me an example?
- Do you ever ask anyone for help? Who? Do you usually follow their advice?
- What goals do you have in life now? What about over the next year? Next five years?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Successful at identifying and addressing typical life problems.
1	Some problem solving deficits: <ul style="list-style-type: none"> • occasionally makes poorly considered decisions, <u>but</u> • is able to self-correct when difficulties are pointed out.
2	Considerable problem solving deficits: <ul style="list-style-type: none"> • occasionally makes poorly considered decisions, <u>and</u> • has trouble correcting even when difficulties are pointed out.
3	Serious impairment: <ul style="list-style-type: none"> • fails to identify obvious life problems, <u>and</u> • frequently makes poorly considered decisions, <u>and</u> • has difficulty recognizing negative consequences of decisions and self-correcting even when consequences are pointed out.

13. Impulsivity

The "Impulsivity" item concerns the degree to which the individual's behavior is impulsive.

Data sources include observation, collateral reports, polygraph results, and self-report.

Examples of impulsive behavior include the following:

- Says things he wishes he could take back
- Changes plans suddenly
- Engages in reckless driving
- Engages in brief relationships or ends relationships suddenly
- Disregards obligations
- Accepts bets and dares
- Quits jobs without another one lined up
- Is surprised by or does not consider consequences

Sample Interview Questions

- How often do you do things without thinking about them first?
- Do you sometimes say things that you wish you could take back?
- Do you like to accept bets or dares?
- When you make plans to do something, how often do you usually end up doing it? What happens?
- Do you buy things without thinking or planning for them beforehand?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Behavior is planned, thoughtful, and purposeful. Rarely or never does things that are impulsive, unplanned, and lack deliberation.
1	Occasionally does things that are impulsive, unplanned, and lack deliberation.
2	Frequently does things that are impulsive, unplanned, and lack deliberation.
3	Regularly does things that are impulsive, unplanned, and lack deliberation.

14. Employment

The "Employment" item concerns the degree to which the individual maintains full, satisfying, and stable employment.

Data sources include collateral reports and self-report.

If individual is a student, assess the degree to which his educational experience is satisfying and stable. For example, consider whether he attends classes regularly and has chosen and is maintaining a course of study. If individual is in a residential setting, evaluate his level of functioning consistent with the expectations of the treatment program and facility.

Sample Interview Questions

- Are you going to school or working? Tell me about it?
- How do you like school/work?
- What do you like best about it?
- What do you dislike about it?
- Have you had any problems at school/work? Tell me about them?
- Have you been asked to leave school/work for any reason?

Rating - Evaluate individual's level of functioning for the previous six months.
If individual is in a residential setting, evaluate his level of functioning consistent with the expectations of the treatment program and facility. If the individual does not have an opportunity to work or attend school, evaluate individual's level of functioning for the six months prior to his residential placement.

0	Minimal or no problems: <ul style="list-style-type: none"> • full-time employment with job stability and general satisfaction. • If retired or unable to work, uses free time in a productive and pro-social manner.
1	Some problems: <ul style="list-style-type: none"> • full-time employment with moderate job dissatisfaction, <u>or</u> • 2 job changes, <u>or</u> • part-time or seasonal employment. • If retired or unable to work, uses free time in a relatively productive and pro-social manner.
2	Considerable problems: <ul style="list-style-type: none"> • 3 or more job changes, <u>or</u> • unemployed more than 50 percent of the time. • If retired or unable to work, uses free time in a relatively unproductive manner.
3	Serious problems: <ul style="list-style-type: none"> • unemployed more than 80 percent of the time. • If retired or unable to work, uses free time in a very unproductive manner.

15. Residence

The "Residence" item concerns the degree to which the individual's accommodation is stable and satisfying.

Data sources include observation, collateral reports, self-report, and consultation with supervision staff.

Sample Interview Questions

- Where are you living now?
- How long have you lived there?
- What do you like most about living there?
- What do you dislike about living there?
- How many other places have you lived during the last 6 months?

Rating - Evaluate individual's level of functioning for the previous six months.
If individual is in a residential setting, evaluate individual's level of functioning for the six months prior to his residential placement. This score will remain unchanged during the individual's placement in the residential setting.

0	Not more than one address change <u>and</u> satisfied with accommodation.
1	Two address changes <u>or</u> somewhat dissatisfied with accommodation.
2	Three or more address changes <u>and/or</u> very dissatisfied with accommodation.
3	No fixed address or resided in homeless shelter.

16. Social Influences

The "Social Influences" item examines the types of positive and negative social influences in the individual's life. Social influences include friends and family. Do not count individuals who are paid to provide services to the individual. If the individual is in prison or another residential setting, consider the influence of the other inmates or residents with whom the individual chooses to associate.

Data sources include self-report, collateral reports, and observation.

Positive family and friends are those who:

- Lead a prosocial lifestyle
- Are typically aware of the individual's sexually offending behavior
- Take risk management seriously
- Actively support the individual's efforts to lead a prosocial life

Negative family and friends are those who:

- Lead an anti-social lifestyle
- May not be aware of the individual's sexually offending behavior
- Do not take risk management seriously
- Undermine or do not support the individual's efforts to lead a prosocial life

Sample Interview Questions

- How often do you see your family? How often do you see your friends?
- Overall, would you say they are mostly a good or a bad influence on you? Do they break laws? Abuse alcohol or use illicit drugs? Do sexual things that will get them in trouble? Explain?
- What do they know about your offenses?
- What do they think about your offenses?
- What do they think about your sex offender treatment?
- Do you think they help you stay out of trouble or could get you in trouble?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Associates primarily with and values the opinions of friends, family and associates who are positive influences.
1	Associates more with and values the opinions of friends, family, and associates who are positive influences than those who are negative influences.
2	Associates more with and values the opinions of friends, family, and associates who are negative influences than those who are positive influences <u>or</u> is very socially isolated and does not associate with others.
3	Associates primarily with friends, family, and associates who are negative influences.

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Appendix I

Description of the Vermont Normative Sample

Vermont norms for sexual and violent recidivism are shown in Appendices II and III. Appendix II shows Vermont norms for combined SOTIPS and Static-99R scores. Appendix III shows Vermont norms for combined SOTIPS and VASOR-2 scores.

These Vermont norms are based on a study of 759 adult male sex offenders who were placed in the community between 2001 and 2007, enrolled in sex offender treatment, and supervised on probation, parole, or furlough (McGrath, Lasher, & Cumming, 2011, 2012). A small proportion (2.4%) of the men in the study had developmental disabilities.

Sexual recidivism was defined as a new charge for a sexual offense or a charge for a violation of community supervision conditions if the incident could have been charged as a criminal sexual offense. Violent recidivism was defined as a new charge for either a sexual or a non-sexual violent offense.

Recidivism rates were predicted rates based on repeated logistic regression modeling for SOTIPS scores at approximately 1, 7, and 13 months from the dates individuals began community sex offender treatment combined with either the Static-99R or VASOR-2 score.

As shown in Appendices II and III, combined SOTIPS and Static-99R scores and combined SOTIPS and VASOR-2 scores showed moderate predictive accuracy for the entire sample for sexual and violent recidivism at one and three year follow-up periods. The sample was unbalanced though with respect to offender types. The ratio of child-victim-only to adult-victim-only offenders was nearly four to one. The SOTIPS showed higher accuracy with child-victim-only offenders than with adult-victim-only offenders. Some findings for adult-victim-only offenders were not statistically significant, likely due to the small number of adult-victim-only reoffenders. A detailed examination of the sample and study may be found elsewhere (McGrath, Lasher, & Cumming, 2011, 2012).

Appendix II

Vermont Norms for SOTIPS and Static-99R Combined Scores

Sexual and Violent Recidivism Rates

Instructions. Identify the individual's combined SOTIPS and Static-99R risk level category in Table 4. Use this risk level category to identify the individual's predicted sexual recidivism rate at one and three years in Table 5 and predicted violent recidivism rate at one and three years in Table 6. In the following tables, C.I. = confidence interval and AUC = Area Under the Curve.

Table 4. Combined SOTIPS and Static-99R Risk Level Categories

Static-99R Risk Level and Score	SOTIPS Risk Level and Score		
	Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low -3 to 1	Low	Low	Moderate-low
Moderate-low 2 to 3	Low	Moderate-low	Moderate-high
Moderate-high 4 to 5	Moderate-low	Moderate-high	High
High 6 to 12	Moderate-high	High	High

Table 5. Predicted Sexual Recidivism Rates for Combined SOTIPS and Static-99R Scores

Risk level	One year sexual recidivism (n = 754; AUC = .81***)			Three year sexual recidivism (n = 749; AUC = .74***)		
	Percent of sample	Recidivism rate	95% C.I.	Percent of sample	Recidivism rate	95% C.I.
Low	44.8	0.1	0.0 - 0.8	45.0	1.3	0.4 - 3.5
Moderate-low	27.2	1.4	0.7 - 2.8	27.6	3.3	1.9 - 5.7
Moderate-high	19.0	3.8	2.1 - 7.3	18.7	9.0	5.6 - 14.2
High	8.9	7.7	4.3 - 13.4	8.8	12.7	7.6 - 20.7
Totals	100.0	1.9	0.3 - 12.5	100.0	4.3	1.1 - 14.9

*** $p < .001$

Table 6. Predicted Violent Recidivism Rates for Combined SOTIPS and Static-99R Scores

Risk level	One year sexual recidivism (n = 751; AUC = .76***)			Three year sexual recidivism (n = 746; AUC = .70***)		
	Percent of sample	Recidivism rate	95% C.I.	Percent of sample	Recidivism rate	95% C.I.
Low	45.1	0.6	0.2 - 1.7	45.2	3.1	1.8 - 5.5
Moderate-low	27.2	3.3	2.1 - 5.3	27.7	9.0	6.3 - 12.7
Moderate-high	18.8	7.7	4.9 - 11.7	18.5	16.5	11.8 - 22.5
High	8.8	9.7	5.7 - 15.8	8.6	18.3	11.8 - 27.2
Totals	100.0	3.5	1.0 - 11.5	100.0	8.5	3.5 - 19.2

*** $p < .001$

Appendix III

Vermont Norms for SOTIPS and VASOR-2 Combined Scores

Sexual and Violent Recidivism Rates

Instructions. Identify the individual’s combined SOTIPS and VASOR-2 risk level category in Table 7. Use that risk level category to identify the individual’s predicted sexual recidivism rate at one and three years in Table 8 and predicted violent recidivism rate at one and three years in Table 9. In the following tables, C.I. = confidence interval and AUC = Area Under the Curve.

Table 7. Combined SOTIPS and VASOR-2 Risk Level Categories

VASOR-2 Risk Level and Score	SOTIPS Risk Level and Score		
	Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low 0 to 5	Low	Low	Moderate-low
Moderate-low 6 to 8	Low	Moderate-low	Moderate-high
Moderate-high 9 to 11	Moderate-low	Moderate-high	High
High 12 to 22	Moderate-high	High	High

Table 8. Predicted Sexual Recidivism Rates for Combined SOTIPS and VASOR-2 Scores

Risk level	One year sexual recidivism (n = 754; AUC = .78***)			Three year sexual recidivism (n = 749; AUC = .77***)		
	Percent of sample	Percent recidivism	95% C.I.	Percent of sample	Percent recidivism	95% C.I.
Low	52.1	0.3	0.1 - 0.9	52.0	1.0	0.4 - 2.7
Moderate-low	22.3	1.9	0.8 - 4.6	22.7	4.7	2.4 - 9.1
Moderate-high	16.0	3.7	1.9 - 7.6	15.9	9.7	5.7 - 16.5
High	9.7	7.6	4.2 - 14.1	9.5	16.5	9.6 - 28.5
Totals	100.0	1.9	0.6 - 5.4	100.0	4.3	1.1 - 14.9

*** $p < .001$

Table 9. Predicted Violent Recidivism Rates for Combined SOTIPS and VASOR-2 Scores

Risk level	One year sexual recidivism (n = 751; AUC = .72***)			Three year sexual recidivism (n = 746; AUC = .69***)		
	Percent of sample	Recidivism rate	95% C.I.	Percent of sample	Recidivism rate	95% C.I.
Low	52.5	1.0	0.5 - 2.0	52.3	3.8	2.3 - 6.2
Moderate-low	22.3	4.8	2.8 - 8.1	22.7	11.3	7.4 - 17.3
Moderate-high	15.7	8.1	5.0 - 13.2	15.6	18.4	12.2 - 27.7
High	9.6	9.1	4.7 - 15.2	9.4	24.8	15.2 - 40.4
Totals	100.0	3.5	1.0 - 11.2	100.0	8.5	3.8 - 18.1

*** $p < .001$

Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Individual: _____

Scorer: _____

Evaluation Date: _____

Setting: Community Residential

Months in Weekly Treatment: _____

Time of Evaluation: Initial

Months in Aftercare Treatment: _____

During Treatment

Total: _____

End of Treatment

Rating Guide (use definitions in scoring manual):

0 = minimal or no need for improvement
 1 = some need for improvement
 2 = considerable need for improvement
 3 = very considerable need for improvement

	0	1	2	3
Sexuality and Risk Responsibility				
1. Sexual Offense Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sexual Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminality	0	1	2	3
6. Criminal and Rule-Breaking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Criminal and Rule-Breaking Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment and Supervision Cooperation	0	1	2	3
8. Stage of Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cooperation with Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cooperation with Community Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management	0	1	2	3
11. Emotion Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Stability and Supports	0	1	2	3
14. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Social Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-totals				
Total				